

## Declaration of Supervising Attorney

I, \_\_\_\_\_, [Name of Supervising Attorney] make this Declaration in support of the Application of \_\_\_\_\_ [Name of Applicant] (hereinafter “Applicant”) for a Temporary Special Authorization to provide legal services in the State of Maryland under the Administrative Order on Establishing Special Authorization for the Temporary Supervised Practice of Law (“the Temporary Supervised Practice Order”), dated August 28, 2020. I hereby certify as follows:

1. I am a Maryland licensed attorney in good standing and have been engaged in the authorized practice of law for more than five (5) years.

2. I am not the subject of any pending disciplinary matters in any jurisdiction at the time of submission of this Declaration and I have never been suspended or disbarred from the practice of law in any jurisdiction.

3. I employ the Applicant or I am employed by an entity by which the Applicant is also employed.

4. I have not accepted and will not accept responsibility for supervision of more than two persons receiving Temporary Special Authorization under the Temporary Supervised Practice Order, including the Applicant named above.

5. I will assume all professional responsibility for the direct supervision of the practice of the Applicant, including the Applicant’s compliance with the Maryland Attorneys’ Rules of Professional Conduct.

6. I will be jointly responsible to clients for whom the Applicant provides legal services.

7. I will provide any and all necessary assistance to the Applicant to ensure the protection of clients for whom the Applicant provides services.

8. I will review, sign and file any pleadings, briefs, and other legal documents that the Applicant has prepared, and will be identified as “Supervising Attorney” in all such papers submitted to a court, administrative tribunal, or alternate dispute resolution tribunal on which the name of the Applicant appears.

9. I will directly, or through a designated attorney from my firm or organization, be present for court appearances as required by the Temporary Supervised Practice Order or by order of any court or tribunal.

10. I will notify the State Board of Law Examiners within three business days if I have terminated supervision of the Applicant or if I become aware that the Applicant no longer meets the requirements for Temporary Special Authorization.

**I solemnly affirm under the penalties of perjury that the foregoing statements are true and correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Bar No./AIS Id No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signed Declaration form should be scanned and emailed to [SBLE@mdcourts.gov](mailto:SBLE@mdcourts.gov).